



VACATION/LEAVE REQUEST FORM

Revised (11/06)

Employee Printed Name _____

Department: _____

Date of Request _____

Date(s) of Leave _____

Type of leave

☐

Personal Day

☐

Selling Vacation, indicate number of weeks _____.

☐

Vacation (to be eligible for overtime, this document must be turned in to and approved by the department supervisor a minimum of two weeks prior to the date of leave.)

Employee Signature

Date

Department Supervisor Signature

Date